## PART B - FEE(S) TRANSMITTAL

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appropriate All further co indicated unless corrected maintenance fee notification	below of directed off	ng the Patent, advance of herwise in Block 1, by	orders and notification of (a) specifying a new corr	maintenance fees vespondence address	vill be m ; and/or (	ailed to the current (b) indicating a separate	correspondence address as rate "FEE ADDRESS" for
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		<u>                                     </u>	April D. Kaplan		7.7	(Depositor's name)	
		-	April 23, 2007	Ka	ple	(Signature)	
APPLICATION NO	NO FILING DATE						(Date)
10/698,348	11/01/2003		Michael O Madsen		P-11706 00US		CONFIRMATION NO
11/098,348 11/01/2003 Michael O Madsen P-11706 00US 9656 THE OF INVENTION: APPARATUS FOR DETERMINING A LOCATION IN A BODY USING A CATHETER AND METHOD OF USING SUCH CATHETER							
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE	E FEE	IOIAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	04/30/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	] .			
SZMAL, BRIAN SCOII		3736	600-561000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1 363)  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  ☐ "In the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents If no name is listed, no name will be printed							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11 Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Medtronic, Inc.  Minneapolis, MN							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🗀 Government							
4a The following fee(s) are  ☐ Issue Fee  ☐ Publication Fee (No si ☐ Advance Order - # of	mall entity discount p		4b Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed ☐ Payment by credit card Form PTO-2038 is attached ☐ Ihe Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0549 (enclose an extra copy of this form)				
5 Change in Entity Status (from status indicated above)  \[ \begin{align*}             1 a Applicant claims SMALL ENTITY status Sec 37 CFR 1 27  \]             1 b Applicant is no longer claiming SMALL ENTITY status Sec 37 CFR 1 27(g)(2)							
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Authorized Signature Cilleri DS Date April 23, 2007							
Typed or printed name William D. Bauer			Registration No 28,052				
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14 This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officet, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450							
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